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ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Abelar</i>		02-22-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	N/N	48	3/8/01
RESPONSE FORMALITY REVIEW	<i>spm</i>	778	4/6/01
		651	6/12/01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	03/06/01 03/08/01 03/09/01 03/10/01 03/11/01
1	✓✓✓✓
2	✓✓
3	
4	✓✓✓
5	✓✓✓
6	
7	✓✓
8	✓✓
9	✓
10	✓✓
11	✓✓
12	✓✓
13	✓✓
14	✓✓
15	✓✓
16	N
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21	N
22	✓
23	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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